

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726 X678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

Establish	ment Nam		of each violation is specified in the narrative portion of	<u> </u>		Tan contain.	
			erican Legion #42	Telephone Number 8/2-923-9842	Date of Inspection PERMIT # (mm/dd/yr)		
Establishment Address (number and street, city, state, zin code)						18-	
4530 Paoli Pike Floydoknobs, IN 47/19					16-19	7-19	
Owner				Purpose:	E-U		
				1. Routine	Follow-		
Owner's Address				2. Follow-up	7 70 00002		
					Summary of Violations:		
Person in Charge Tracie Sherman				3. Complaint		$\sum_{NC} Z_{R} \phi$	
Truck onerman				4. Pre-Operational	NCR		
Responsible Person's E-mail				5. Temporary	Menu Type (See back of page)		
Contided E		-		6. HACCP		The second page	
Certified Food Manager James Donn 8/18/22				7. Other (list)	12	2_3 4_5_	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
297	NC		Observed divid I late			To Be Corrected By	
310	NC	 	Observed dried food debis	on con openes.		corrected	
710	700		Observed dust buildup o	it exhaust ton	u	corrected	
		-	homan's restroom.		_		
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racic Sherman-Bar Wana xx Thomas Snider, EHS							
eceived by (signature):				Inspected by (signature):			
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